STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

PO Box 5019 Hartford CT 06104-5019

(Rev. 12/00)

FORM CT-G EXT

Application for Extension of Time to File Connecticut Group Income Tax Return

2000

- Refer to Instructions on Reverse Before Completing this Application -

	— Kerer to mstr	actions on Neverse Delote Co	Impleting this Appli	cation —		
	Name of Partnership, LLC, Trust, Estate, c	r S corporation		Federal Employer ID) Number	
TAXPAYER	Number and Street		PO Box	•	DEPARTMENT USE ON	VLY)
(Please Type or Print)	City, Town or Post Office	State	ZIP Code	Connecticut Tax Reg	gistration Number	
Thi	is is not an extension of time to pay by the Internal Revenue Service (=	-		-	
	-month extension of time, to Octobe		•		ar year 2000 or	
	r the Connecticut extension is					
	You will be	notified only if your extens	sion request is de	enied		
	ecticut group income tax liability for 200 must be entered on Line 1. If you do r	=		1.		
2. 2000 Estim	nated Connecticut group income tax pay	ments and any 1999 overpayme	ent credited to 2000.	2.		
	ut group income tax balance due with the greater than Line 1, enter zero ("0")			► 3.		
	noney order payable to: COMMISSIONER ership, LLC, Trust, Estate, or S corporati		er, and "2000 Form C	CT-G EXT" on the chec	ck or money order.	
Depa PO B	e of Connecticut artment of Revenue Services sox 5019 ord CT 06102-5019					

DECLARATION: I declare under penalty of false statement that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

	Signature of General Partner, LLC Member, Fiduciary or Officer	Date	Telephone Number
Sign Here			()
Кеер а сору	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
of this return	Firm's Name and Address		Federal Employer ID Number
for your	Tilli S Name and Address	_	rederal Employer 15 Number
records.		-	
			Telephone Number
			()

FORM CT-G EXT Instructions

Purpose

Use Form CT-G EXT, Application for Extension of Time to File Connecticut Group Income Tax Return, to request a six-month extension of time to file Form CT-G, Connecticut Group Income Tax Return. There must be reasonable cause provided with the Connecticut extension request.

How to Get an Extension to File

To get a Connecticut filing extension the group **must**:

- Complete Form CT-G EXT in its entirety;
- · File it by the due date of the return; and
- Pay the amount shown on Line 3.

You will be notified only if your extension request is denied.

Form CT-G EXT extends only the time to file the Connecticut Group Income Tax Return. Form CT-G EXT does not extend the time to pay the amount of tax due.

Interest and Penalty

In general, interest and penalty apply to any portion of the tax that is not paid on or before the original due date of the return. Interest will be computed on the underpayment of tax at the rate of 1% (.01) per month or fraction thereof computed from the statutory due date to the date of payment.

Late Payment Penalty: The penalty for underpayment of tax is 10% (.10) of such amount due.

When to File Form CT-G EXT

The group return is due the 15th day of the fourth month following the close of the taxable year of the qualified electing nonresident partners, S corporation shareholders, LLC members, or trust or estate beneficiaries.

If the due date falls on a Saturday, Sunday or legal holiday, the next business day is the due date.

Required Information

Enter name of partnership, LLC, trust, estate, or S corporation, address, Federal Employer ID Number, and Connecticut Tax Registration Number, if any.

Signature

This form must be signed by a general partner, LLC member, fiduciary, or officer.

Paid Preparer Signature

Anyone you pay to prepare the return must sign and date it. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN), their firm's Federal Employer Identification Number (FEIN), and their firm's address and telephone number in the spaces provided.

Others Who May Sign

Anyone to whom you have given a signed Power of Attorney may sign on your behalf.

If a general partner, LLC member, fiduciary, or officer is unable to request an extension, because of illness, absence, or other good cause, any person standing in a close personal or business relationship (including an attorney, accountant, or enrolled agent) to the general partner, LLC member, fiduciary, or officer may sign the request on his or her behalf. This person is considered a duly authorized agent for this purpose, provided the request sets forth the reason(s) for a signature other than by the general partner, LLC member, fiduciary, or officer and the relationship existing between the general partner, LLC member, fiduciary, or officer and the signer.

Where to File

Mail to: State of Connecticut

Department of Revenue Services

PO Box 5019

Hartford CT 06104-5019